

OLIFF & BERRIDGE, PLC
P.O. Box 19928
Alexandria, Virginia 22320
Telephone: (703) 836-6400
Facsimile: (703) 836-2787



In re the Application of

Kazuhiko SUZUKI

Application No.: 09/612,522

Filed: July 6, 2000

For: METHOD AND APPARATUS FOR ANALYZING THOUGHT SYSTEM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.
☒ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL CLAIMS	*124 MINUS	**123	=1
INDEP CLAIMS	*13 MINUS	***13	=0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

SMALL ENTITY	
RATE	ADD'L FEE
x 9	\$9
x 43	\$
+ 145	\$
	\$9

OTHER THAN A SMALL ENTITY	
RATE	ADD'L FEE
x 18	\$
x 86	\$
+ 290	\$
	\$

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 153633 in the amount of \$9.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff
Registration No. 27,075

Paul F. Daebeler
Registration No. 35,852

PATENT APPLICATION

Attorney Docket No.: 104813

AMENDMENT TRANSMITTAL

Group Art Unit: 2121

Examiner: M. Holmes

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Technology Center 2100

JAO:PFD/can

Date: April 29, 2004



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					\$9			\$

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